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# EXHIBIT 1

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Miscellaneous Professional Indemnity  
Proposal Form

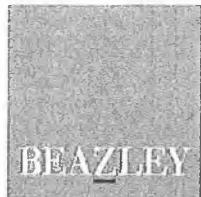
Methodology

Please answer all questions fully. Questions not relevant to you, please mark as not applicable. If there is insufficient space, please provide details on a separate sheet of paper carrying your letterhead.

The answers to these questions will form part of the contract of insurance for which you are applying.

A copy of this application form should be retained for your own records.





Beazley  
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[www.beazley.com](http://www.beazley.com)

### Miscellaneous professional indemnity proposal form

#### Details of applicant:

1. Name(s) (including trading names) of all entities to be insured:

ChemTreat, Inc.

2. Address(es) of the Applicant(s):

5640 Cox Road, Glen Allen, VA 23060

3. Web-site / e-mail address:

[www.chemtreat.com](http://www.chemtreat.com)

4. Date since the Applicant has continually conducted business:

10/09/1968

5. Please provide details of the Principal(s) / Partner(s) / Director(s) of the Applicant:

Name:	Qualifications:	Date Qualified:	Date Commenced:
Various employees			

Please provide curriculum vitae of the Principal/Partners/Directors to support your application.

6. Please state total number of:

Principals / Partners / Directors:

Other Technical Staff:

Other Qualified Staff:

Administrative / Clerical Staff:

#### Details of the business:

7. (a) Has the name of the Applicant ever been changed? Yes  No   
(b) Has any other business or practice amalgamated or merged with you? Yes  No   
(c) Have you purchased any other practice or business? Yes  No   
(d) If yes to any of (a), (b) or (c) above, please provide details:

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8. If the Applicant is a sole practitioner what procedures are in place for periods of absence / illness?

N/A

9. Please list the Professional / Regulatory bodies, trade associations / societies to which you belong:

Cooling Towers Institute, American Society of Chemical Engineers

**Income:**

10. Please state applicable currency

USD

(a) Please state split of gross income/fees for the following years:

	Past Financial Year	Current Financial Year	Estimate next financial year
Domestic			
European Union			
USA / Canada	1	1	1
Elsewhere	1	1	1
Total	1	1	1

(2016 Actual)

(2017 Forecast)

(2018 Estimated)

(b) Average fee from any one client:

?

(c) Largest fee from any one client:

?

**Activities:**

11. Please provide a full description of all your activities identifying the percentage of your income derived from each activity:

Design water treatment programs for boilers, cooling towers, waste water and make up water in industrial and commercial applications. Monitor systems' effectiveness, collect and analyze data and issue reports

If available, please also provide a brochure or risk profile to support your application.



12. Who are your main competitors?

O, ;)

13. Have your activities changed in the past 5 years or do you anticipate any major changes in these activities in the forthcoming 12 months?

Yes  No

If yes, please provide full details:

N/A

14. (a) Does the Applicant use a standard client contract or agreement?

Yes  No

(b) If yes, does the form contain a "Hold Harmless" clause in favour of the Applicant ?

Yes  No

If no, please describe exceptions:

N/A

#### **Consultants, sub-contractors or agents:**

15. (a) Do you use the services of Consultants, Sub-Contractors or Agents?

Yes  No

If yes, do you require them to maintain their own P.I. Insurance?

Yes  No

If yes, what minimum limit of indemnity do you require them to have?

USD \$2,000,000 agg

(b) What percentage of your income relates to Sub-Contracted work?

%

#### **Associated companies:**

16. Do any of the Principals, Partners or Directors of the Applicant have any association or financial interest in any other practice, company or organization?

Yes  No

If yes, please provide details:

N/A

#### **Office procedures:**

1. (a) Are satisfactory written references obtained prior to the engagement of any employee responsible for money, accounts or goods?

Yes  No



- (b) Are petty cash and cash in hand checked independently of the employees responsible at least monthly and additionally without warning every six months? Yes  No
- (c) Are bank statements, receipts, counterfoils and supporting documents checked at least monthly against the cash book entries independently of the employees making cash book entries or paying into the bank? Yes  No
- (d) Are employees receiving cash and cheques in the course of their duties required to pay in daily? N/A Yes  No
- (e) Do all cheques drawn for more than USD 25,000 require at least two signatures? Yes  No
- (f) Has the Applicant(s) suffered any loss through fraud or dishonesty at any time? Yes  No X  
If yes, please provide details on a separate page including dates, circumstances, amounts involved and steps taken to prevent a recurrence:
- (g) Are all computer records backed-up daily? Yes  No
- (h) If yes, are these back-up records maintained in an off-site location? Yes  No
- (i) Do you use commercially available firewall protection systems to prevent unauthorised access to internal networks and computer systems? Yes  No
- (j) Do you use commercial available anti-virus software? Yes  No

#### **Previous Insurance:**

Is the Applicant currently insured for Professional Indemnity? Yes  No   
If yes please state:

Name of Insurer:	Lloyd's of London
Renewal Date:	7/1/17
Limit of Indemnity:	\$2M per claim, \$4M aggregate
Current Retroactive Date:	1/15/2004 by 2/18/2005 for limits excess of \$1M
Excess:	\$150,000 deductible
Premium:	

2. Has the Applicant ever been refused this type of insurance, had special terms imposed, had claims reduced or declined, or had similar insurance cancelled? Yes  No X  
If yes, please provide full details:

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**Current requirements:**

3. (a) What Limit of Indemnity is required?

USD 500,000	USD 1,000,000	USD 2,500,000
USD 5,000,000	Other (please specify):	USD \$2M per/\$4M aggregate

- (b) What level of deductible/excess is required?

USD 5,000	USD 10,000	USD 25,000
Other (please specify):	USD \$150,000	

**Claims or circumstances:**

4. After enquiry, have any claims of a type being the subject of this proposal for insurance ever been made against the Applicant or any subsidiary or any person intended to be covered?

Yes

No

If yes, please provide full details below including dates, circumstances, cost/estimated cost of claim or loss and steps taken to prevent recurrence.

N/A
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5. After enquiry, is the Applicant or any subsidiary or any person intended to be covered aware of any negligent act, error or omission or any other fact, complaint, circumstance or situation which may be expected to give rise to a claim against the Applicant or any subsidiary or any person intended to be covered?

Yes

No

If yes, please provide full details below including dates, circumstances and cost/estimated cost of claim or loss:

N/A
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**Important notice**

- It is your duty to answer all questions fully and to disclose all material facts to Underwriters. A material fact is one which may influence an Underwriter's judgement in the consideration of your proposal. If your Beazley PI Proposal Misc07USDv1



proposal is a renewal, it is likely that any change in facts previously advised to Underwriters will be material and such changes should be highlighted. If you are in any doubt as to whether a fact is material you should consult your broker or disclose it.

- Failure to so inform us may invalidate this insurance or any claim made under it.
- The particulars provided by, and statements made by, or on behalf of the Applicant(s) contained in this application form and any other information submitted or made available by, or on behalf of the Applicant(s) are the basis for the proposed policy and will be considered as being incorporated into and constituting a part of the proposed policy.

#### Data protection notice

Beazley Furlonge Limited will collect certain information about individuals within or connected to your company and any subsidiaries ("data subjects") in the course of considering your application and, if we issue a policy, in conducting our relationship with you. This information will be processed for the purpose of underwriting your insurance coverage, managing any policy issued, providing risk management advice and administering claims. We may pass the information to our reinsurers, legal advisers, loss adjusters, group companies or agents for these and other purposes. This may involve its transfer to countries which do not have data protection laws.

Some of the information we collect may be classified as 'sensitive' - that is, information about disciplinary proceedings, convictions, sentences or alleged criminal activities. Data protection laws impose specific conditions in relation to sensitive information including, in some circumstances, the need to obtain the explicit consent of data subjects before we process the information.

Data subjects have a right of access to, and correction of, information that we hold about them. If they would like to exercise either of these rights, they should contact our Data Protection Compliance Officer at Beazley Furlonge – Sian Coope, Plantation Place South, 60 Great Tower Street, London EC3R 5AD, England.

By signing this proposal form you confirm the consent of the data subjects to the processing and transfer of information (including sensitive information) described in this notice, and that you have taken all steps necessary to inform them of our processing and your disclosure of information to us for the purposes described above. Without this consent and your confirmation of these matters, we would not be able to consider your application.

#### Declaration

- I/we hereby confirm that I am authorized to complete this Application Form on behalf of all parties entitled to coverage under this insurance.
- I/we declare that the statements and particulars contained in the proposal are true and that I/we have not mis-stated or suppressed any material facts.
- I/we undertake to inform Underwriters of any material alteration to these facts occurring before completion of the contract of insurance.

Signed:

A handwritten signature in black ink that reads "Carol L. Terrell".

Position:

Insurance Analyst

Dated:

06/13/17